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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application of Docket Number 09 844, 959		
		CLAIMS AS I		PART I	SMALL E	SMALL ENTITY		OTHER THAN SMALL ENTITY		
(Column 1)				(Colu			FEE		RATE	FEE
FOR NUMBER FILED BASIC FEE			NUMBER	EXTRA	RATE	s	OR		s	
(37 CF	R 1.16(a))							OR	x s =	
(37 CF	R 1.16(c))		minus 20 =	· ·		× \$=			x s =	
	R 1.16(b))	<u> </u>	minus 3 =			x \$=		OR		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ \$=		OR	+ 5=	
· If th	e difference in co	olumn 1 is less that	n zero, ente	er "0" in column 2.	TOTAL		OR	TOTAL		
	CL	AIMS AS AME	NDED -	PART II				00	OTHER	THAN
	NE	(Column 1)	_	(Column 2)	(Column 3)	SMALL E	NTITY	OR I	SMALL	ENTITY
Α	47/05	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
빵	Total	• AMENDMENT_	Minus	PAID FOR	= /	x s 25 =		OR	x s <u>50</u> =	
ENDMENT	(37 CFR 1.16(c))	· · ·	Minus	 3 _	=/	x s 100=		OR	x s 2002	
AME	(37 CFR 1.16(b))		Ll.		1	100		OR	+312	_
_<	FIRST PRESENT	ATION OF MULTIPLE	DEPENDE	NT CLAIM (37 CF)	< 1.16(0))	TOTAL		1	TOTAL	
						ADD'L FEE	L	OR	ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)		1	1		
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ä	Total	·	Minus	••	=	x s=		OR	x s=	
2	(37 CFR 1.16(c)) Independent	•	Minus	•••	=	x \$=		OR	x s=	
AMENDMENT	(37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 5 =		OR	+ s=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT GOSTIN (G. S. A. A. C.						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
						ADDIFEE	<u></u>	ייי נ		
1		(Column 1)		(Column 2)	(Column 3)			1		
S		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
皇	Total	AMENDMENT	Minus	**	=	x s=		OR	x s=	ļ
AMENDMEN	(37 CFR 1.16(c)) Independent		Minus	•••	=	x \$=		OR	x s=	<u> </u>
ME	(37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 5 =		OR	+ s=	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT COMM (U. 5.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.						TOTAL ADD'L FEE	1	OR	TOTAL ADD'L FEE	
	e Miho salari-	column 1 is less th	an the entr	y in column 2, wri	ite "0" in column	3.	L			
	** If the "Highest ** If the "Highest	l Number Previous	ну Раю Рог	114 11113 31 7132		, enter "20". enter "3". est number found	in the appropr	iate box in	column 1.	

"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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